



# Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

**DATE:** July 24, 2024

**TIME:** 11:30 a.m. – 1:30 p.m.

**MEETING CHAIR:** Angelica Ayala, 3<sup>rd</sup> Supervisorial District

**CEO MEETING FACILITATOR:** Atineh Sepanian

This meeting will be held in hybrid format which allows the public to participate virtually, or in-person, as permitted under the Board of Supervisors' March 19, 2024, order.

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration

500 West Temple Street

Los Angeles, California 90012

Room 140

To participate in the meeting virtually, please call teleconference number:

1 (323) 776-6996 and enter the following: 403 234 317# or [Click here to join the meeting](#)

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to [ClusterAccommodationRequest@bos.lacounty.gov](mailto:ClusterAccommodationRequest@bos.lacounty.gov)

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL \*6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

## **12:00 P.M. NOTICE OF CLOSED SESSION**

### **CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION**

Government Code Section 54956.9(a)

Heather Randall v. County of Los Angeles

Los Angeles Superior Court Case No. 23AVCV00122

Department of Health Services

- I. Call to order
- II. **Presentation Item(s):**
  - a. **DPH:** Approval of an Ordinance to Amend 11 - Health and Safety Code of the Los Angeles County Code to Amend Section 11.02.085 to Clarify Applicability and Add Chapter 11.41, Addressing Medical Debt through Data Collection (#07717)
- III. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- IV. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda.
- V. Public Comment
- VI. Adjournment

**BOARD LETTER/MEMO  
CLUSTER FACT SHEET**

**DRAFT**

Board Letter

Board Memo

Other

<b>CLUSTER AGENDA REVIEW DATE</b>	7/24/2024	
<b>BOARD MEETING DATE</b>	8/6/2024	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Public Health	
<b>SUBJECT</b>	<b>APPROVAL OF AN ORDINANCE TO AMEND 11 - HEALTH AND SAFETY CODE OF THE LOS ANGELES COUNTY CODE TO AMEND SECTION 11.02.085 TO CLARIFY APPLICABILITY AND ADD CHAPTER 11.41, ADDRESSING MEDICAL DEBT THROUGH DATA COLLECTION</b>	
<b>PROGRAM</b>	Medical and Dental Affairs Program	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:	
<b>SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – Not Applicable	
<b>DEADLINES/ TIME CONSTRAINTS</b>		
<b>COST &amp; FUNDING</b>	Total cost: \$ 0.00	Funding source: N/A
	TERMS (if applicable): N/A	
	Explanation: There are no costs to the County associated with this ordinance.	
<b>PURPOSE OF REQUEST</b>	Introduce, waive reading, and adopt the enclosed Addressing Medical Debt Through Data Collection ordinance (Exhibit A) which amends the Los Angeles County Code (LACC) Title 11 – Health and Safety by adding Chapter 11.41. This amendment mandates the Department of Public Health (Public Health) to collect and publish data and policies concerning debt collection and financial assistance to enhance transparency around medical debt. The ordinance establishes authority for Public Health to create rules for reporting the collection of debt and financial assistance data and policies and gives Public Health enforcement authority for violations, if any.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	The ordinance will compel hospital reporting of financial assistance and debt collections activities to Public Health, both in aggregate on a quarterly basis and for individual accounts within seven days of an incident.	
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:	

<p><b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b></p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, please state which one(s) and explain how:  It supports #9, the Poverty Alleviation Initiative. The goal of this ordinance is to promote transparency and fairness in an effort to reduce burdensome medical debt which causes significant financial, mental, and physical distress. Low income residents (among other groups) are disproportionately impacted by burdensome medical debt.</p>
<p><b>DEPARTMENTAL CONTACTS</b></p>	<p>Name, Title, Phone # &amp; Email:</p> <ol style="list-style-type: none"> <li>1. Joshua Bobrowsky, Director Government Affairs, Public Health (213) 288-7871, <a href="mailto:jbobrowsky@ph.lacounty.gov">jbobrowsky@ph.lacounty.gov</a></li> <li>2. Dr. Naman Shah, Director for DPH Division of Medical and Dental Affairs, (919) 741-8703, <a href="mailto:nshah@ph.lacounty.gov">nshah@ph.lacounty.gov</a></li> <li>3. Emily Issa, Senior Deputy County Counsel, County Counsel (213) 974-1827, <a href="mailto:Elssa@counsel.lacounty.gov">Elssa@counsel.lacounty.gov</a></li> </ol>



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

**ANISH P. MAHAJAN, M.D., M.S., M.P.H.**  
Chief Deputy Director

313 North Figueroa Street, Suite 806  
Los Angeles, CA 90012  
TEL (213) 288-8117 • FAX (213) 975-1273

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

**DRAFT**



**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Holly J. Mitchell**  
Second District

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Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

August 6, 2024

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF AN ORDINANCE TO AMEND TITLE 11 – HEALTH AND SAFETY  
CODE OF THE LOS ANGELES COUNTY CODE TO AMEND SECTION 11.02.085 TO  
CLARIFY APPLICABILITY AND ADD CHAPTER 11.41, ADDRESSING MEDICAL  
DEBT THROUGH DATA COLLECTION  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Adoption of the enclosed ordinance amending Title 11 – Health and Safety of the Los Angeles County Code to amend Section 11.02.085 to clarify applicability and add Chapter 11.41, Addressing Medical Debt Through Data Collection, to establish data collection requirements on medical debt and financial assistance practices to enhance transparency and protect consumers in Los Angeles County.

**IT IS RECOMMENDED THAT THE BOARD:**

Introduce, waive reading, and adopt the enclosed Addressing Medical Debt Through Data Collection ordinance (Exhibit A) which amends Title 11 – Health and Safety of the Los Angeles County Code by amending Section 11.02.085 and adding Chapter 11.41. This amendment authorizes the Department of Public Health (Public Health) to collect and publish data and policies concerning debt collection and financial assistance to enhance transparency around medical debt. The ordinance establishes authority for

Public Health to create rules for reporting the collection of debt and financial assistance data and policies and gives Public Health enforcement authority for violations, if any.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

In June 2023, Public Health released a report entitled "Medical Debt in L.A. County: Baseline Report and Action Plan," highlighting the pervasive medical debt crisis in Los Angeles County. Despite expanded insurance coverage, approximately one in 10 adults in Los Angeles County grapples with burdensome medical debt totaling over \$2.9 billion in medical debt among all residents. This burden disproportionately affects low-income and minority communities, as well as individuals with chronic conditions. The repercussions are profound, impacting critical aspects of life such as housing, food security, and access to healthcare, and inflicting significant financial, mental, and physical distress on County residents.

On October 3, 2023, via motion, your Board directed the Director of Public Health to work with the Chief Executive Officer, Department of Consumer and Business Affairs, and County Counsel to develop an ordinance to require collection of data and policies on debt collection and financial assistance activities from hospitals operating in Los Angeles County. The motion required that the data be posted publicly and updated regularly on an online dashboard on the Public Health's website with the option to provide printed copies upon request.

Since the October 2023 motion, Public Health, County Counsel, and relevant County departments met to discuss draft amendments to the County Code. Public Health has conducted extensive stakeholder and community engagement to provide notice of proposed changes and opportunities to provide feedback to the County. As part of this effort, Public Health held two virtual forums with opportunities for hospitals and community organizations to share their feedback, and six meetings with the Hospital Association of Southern California to receive feedback on the overview of the ordinance and proposed data elements and submission process. The public input received guided and informed this ordinance.

Adoption of the ordinance will amend Section 11.02.085 to clarify the applicability of the Health and Safety portion of the Los Angeles County Code and add Chapter 11.41 to enhance public health and safety by (1) requiring all acute care hospitals to submit reports on medical debt and financial assistance; (2) mandating ongoing reports from these hospitals following the initiation of debt collection; (3) authorizing Public Health to establish regulations for the implementation and enforcement of this Ordinance; and (4) mandating Public Health to provide public data from the information collected.

### **IMPLEMENTATION OF STRATEGIC PLAN GOALS**

The recommended action supports the County Strategic Plan's North Star 2: Fosters vibrant and resilient communities and one of its focus areas, Public Health.

### **FISCAL IMPACT/FINANCING**

There is no net County cost associated with the recommended action at this time since the initial implementation and ongoing costs of the ordinance will be covered by existing public health resources. Should additional staffing become necessary to improve the management of these new responsibilities, Public Health will submit requests through the budget process.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

The Board of Supervisors found the impact of medical debt was widespread, causing financial, mental, and physical distress for patients, who may have difficulty affording necessities like food and housing and may delay necessary medical treatments, especially when these expenses are not covered by insurance and patients are unaware of or denied financial assistance. This distress caused by medical debt impacts the health of many citizens of Los Angeles County.

Article XI, Section 7 of the California Constitution provides that "[a] county or city may make and enforce within its limits all local, police, sanitary, and other ordinances and regulations not in conflict with general laws." This provision allows counties and cities to use local governmental police powers to enact ordinances that protect the welfare of its residents.

Public Health observes and enforces both State laws and County ordinances related to protecting the public's health. These State and local laws provide authority for and authorize Public Health to take actions to protect the public. For example, State and local laws require Public Health to perform mandated public health services such as investigations related to communicable diseases, hospital regulatory compliance, environmental health inspections, and chronic disease and injury prevention.

The addition of Chapter 11.41 to Title 11 of the Los Angeles County Code will authorize Public Health to establish rules for reporting and collect and publish data on debt collection and financial assistance activities from acute care hospitals to increase transparency related to medical debt. It will also provide Public Health with authority to administrate and enforce provisions of this new Chapter.

County Counsel has reviewed and approved the proposed ordinance (Exhibit A).

### **IMPACT ON CURRENT SERVICES**

The ordinance, if adopted, will not affect the existing services provided by Public Health or other County agencies.

### **CONCLUSION**

The Honorable Board of Supervisors

August 6, 2024

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If adopted, the ordinance will enhance transparency regarding medical debt practices in Los Angeles County and improve operations that reduce medical debt among our hospitals.

Respectfully submitted,

Barbara Ferrer, PH.D., M.P.H., M.Ed.  
Director

BF:vt  
BL#07717

Enclosure

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors



**ORDINANCE NO. \_\_\_\_\_**

An ordinance amending Title 11 – Health and Safety – of the Los Angeles County Code, adding an applicability section and authorizing the Department of Public Health to collect and publish data and policies on debt collection and financial assistance activities from hospitals operating in the County of Los Angeles and establishing that the Department of Public Health has the authority to enforce violations of this ordinance.

The Board of Supervisors of the County of Los Angeles ordains as follows:

**SECTION 1.** Section 11.02.085 is hereby added to read as follows:

**11.02.085            Applicability.**

**11.02.085            Applicability.**

Unless otherwise expressly set forth in this Code, the provisions under Title 11 shall apply only to the unincorporated areas of the County and any incorporated city which adopts this Title 11, in whole or in part, into its municipal code by adoption or resolution.

**SECTION 2.** Chapter 11.41 is hereby added to read as follows:

**CHAPTER 11.41    Addressing Medical Debt Through Data Collection.**

**11.41.010            Title.**

**11.41.015            Declaration of Findings and Purpose.**

**11.41.020            Definitions.**

**11.41.025            Reporting of Data.**

**11.41.030            Administrative Fine for Violation.**

**11.41.035 Department Responsibilities.**

**11.41.040 Enforcement.**

**11.41.045 Severability.**

**11.41.010 Title.**

The Ordinance codified in this Chapter shall be known as "Addressing Medical Debt Through Data Collection."

**11.41.015 Declaration of Findings and Purpose.**

A. The Board of Supervisors finds that medical debt creates a substantial burden in Los Angeles County and that while some individuals may not owe money directly to medical or dental providers, they may have settled these debts by acquiring other forms of debt, such as credit cards, personal bank loans, or loans from relatives and friends.

B. The Board of Supervisors further finds the impact of medical debt is widespread, causing financial, mental, and physical distress for patients, who may have difficulty affording the basic necessities like food and housing and may delay necessary medical treatments, especially when these expenses are not covered by insurance and patients are unaware of or denied financial assistance.

C. The Board of Supervisors further finds that for lower-income patients, even a modest amount of debt can be debilitating.

D. The purpose of this Chapter is to authorize the Department of Public Health to collect and publish data and policies on debt collection and financial assistance activities to increase transparency related to medical debt, authorize the

Department of Public Health to establish rules for reporting the collection of debt and financial assistance data and policies, and give the Department of Public Health enforcement authority for violations of this Chapter.

**11.41.020                      Definitions.**

A.     "Consumer Reporting Agency" means any Person which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to third parties, and which uses any means or facility of interstate commerce for the purpose of preparing or furnishing consumer reports.

B.     "Debt" means money owed by a patient for health care services or goods the patient received from a Hospital.

C.     "Debt Data" means information concerning a patient's Debt, including:

1.     Patient name, patient and/or medical record number, date of birth, phone number(s), residence and mailing address, email address, and insurance name and policy number.
2.     Time for which Debt was outstanding.
3.     Original amount of the cost of the service(s) for which the Debt was incurred.
4.     Itemization of all patient payments, insurance or other payor payments, and bill adjustments.

5. Additional information as required by the Department; however, Debt Data will not include a patient's diagnosis or treatment.

D. "Debt Collection" means any act or practice in connection with the collection of Debt from a patient, including but not limited to, the following:

1. Any attempt to contact a patient regarding a Debt more than ninety (90) days past-due, including, but not limited to, the following communication methods:

- a. Mail;
- b. Email;
- c. Text;
- d. Phone Calls; and
- e. In-person.

2. The sale or assignment of a patient's Debt to a third party.

3. Reporting adverse information about the patient to a Consumer Reporting Agency.

4. Undertaking actions to initiate a civil action, including but not limited to:

- a. Placing a lien on a patient's property;
- b. Attaching or seizing a patient's bank account or any other personal property;
- c. Obtaining an order for examination pursuant to California Code of Civil Procedure section 708.120; or
- d. Garnishing a patient's wages.

5. Delaying or denying care based on a Debt.

E. "Department" means the County of Los Angeles Department of Public Health.

F. "Financial Assistance" means free or discounted care provided to patients as required by the Hospital Fair Pricing Act and Internal Revenue Service (IRS) regulations (26 C.F.R. Section 1.501(r)-4(b)), or under the Hospital's own policies.

G. "Hospital" means any facility in the County of Los Angeles licensed as an acute care hospital by the California Department of Public Health.

H. "Patient" means an individual who has received treatment at a Hospital, or the parent or other financially responsible person of that individual.

I. "Person" means any individual, partnership, corporation, trust, estate, cooperative, association, government or governmental subdivision or agency, or other entity.

J. "Report" means a written or electronic form containing Debt Data for all Hospital patient Debts.

K. "Safety Net Hospital" means any Hospital with a low-income percent of seventy (70) or higher as determined by the most recent California Department of Health Care Services Disproportionate Share Hospital Program eligibility list.

L. "Working Days" means Monday through Friday, not including Saturday, Sunday, federal, State, or County holidays.

**11.41.025 Reporting of Data.**

A. Each Hospital that is not a Safety Net Hospital shall prepare and submit a Report with Debt Data to the Department within ten (10) Working Days of initiating any Debt Collection.

B. Each Safety Net Hospital shall prepare and submit a Report with Debt Data to the Department within twenty (20) Working Days of initiating any Debt Collection.

C. Each Hospital that is not a Safety Net Hospital shall prepare and submit to the Department a quarterly statement with aggregate Debt Data and Financial Assistance activities, including all offers and agreements of Financial Assistance. The first quarterly statement shall list information from the preceding three (3) months and each subsequent quarterly statement shall include new information for that quarter.

D. Each Safety Net Hospital shall prepare and submit to the Department an annual statement with aggregate Debt Data and Financial Assistance activities, including all offers and agreements of Financial Assistance. The first annual statement shall list information from the preceding twelve (12) months and each subsequent annual statement shall include new information for that year.

E. All Hospitals shall submit to the Department all Hospital policies on Financial Assistance unless already submitted to the California Department of Healthcare Access and Information and resubmit such policies within thirty (30) days following any policy revisions unless already submitted to the California Department of Healthcare Access and Information.

F. After one-hundred eighty (180) days of the effective date of the Ordinance codified in this Chapter, it shall be a violation of this Chapter for any Hospital who fails to submit the Reports required herein.

**11.41.030 Administrative Fine for Violation.**

A. Any Hospital that violates this Chapter may be subject to an administrative fine not to exceed five thousand dollars (\$5,000) per violation pursuant to Chapter 1.25 of this Code. If the violation(s) is not remedied within thirty (30) days of notice from the Department, each violation is doubled, up to ten thousand dollars (\$10,000). After thirty (30) days of non-compliance, each seven-day period thereafter is an additional fine of five thousand dollars (\$5,000) for each violation until the violation is remedied.

B. Any Hospital that violates any provision of this Chapter may be subject to a civil action, including but not limited to, any injunction, in addition to administrative fines.

**11.41.035 Department Responsibilities.**

A. The Department has the authority to establish any rules it determines are necessary or appropriate for the implementation and enforcement of this Chapter. These rules shall be filed with the Executive Officer of the Board and shall become effective immediately upon filing. Hospitals will have sixty (60) days from the issuance of the new rules to become compliant.

B. The Department shall maintain a public website and maintain the following information:

1. Instructions to Hospitals for preparing and submitting Reports and statements to the Department.
2. Aggregate Debt Data.
3. A link to the California Department of Healthcare Access and Information website and any Hospital policies on Financial Assistance, unless already available to the Department through the California Department of Healthcare Access and Information.
4. All rules adopted pursuant to Section 11.41.035.

**11.41.040 Enforcement.**

The Department is responsible for administering and ensuring compliance with this Chapter. If a possible violation of this Chapter is identified, the Hospital will be contacted and required to respond to the Department's inquiry within thirty (30) days from the date of inquiry or be subject to administrative fines as described in Section 11.41.030 of this Chapter.

**11.41.045 Severability.**

If any part of this Chapter is for any reason deemed invalid or unconstitutional by a court of competent jurisdiction, such a decision will not impact the validity of the remaining Chapter. The County of Los Angeles Board of Supervisors hereby declares that it would have adopted this Chapter and every subsection, sentence, clause, or phrase thereof not declared invalid or unconstitutional without regard to whether any



one or more subsection, sentence, clause, or phrase would subsequently be declared unconstitutional or invalid.

[CH1141EICC]



# Proposed Ordinance: Addressing Medical Debt Through Data Collection

July 24, 2024  
Health and Mental Health Cluster Meeting



- Medical debt remains a crucial public health issue in LA County that affected approximately one in ten adults, or approximately 785,000 LA County adults in 2022, despite increasing insurance coverage
  - The amount of debt is increasing
    - From >\$2.6 billion in 2021 to >\$2.9 billion in 2022
  - Approximately 46% of this debt belongs to individuals below 200% of the Federal Poverty Level
  - Stark geographic, racial disparities and impact on families with children
  - Financial, health, mental health, and housing repercussions
- While medical debt is a complex issue involving the entire healthcare system, hospital bills comprise the majority of debt and the largest bills. Hospitals, most of whom receive large public subsidies for their operations, have state and federal requirements to provide financial assistance to eligible patients.
- California has rigorous financial assistance requirements, and many LA hospitals provide a generous policy above and beyond these requirements. However, there remain important gaps in translating policy into actual practice.

- The 92 hospitals in LA County provided \$602 million of financial assistance in 2021
  - This represents 1.2% of total patient operating expenses, an expenditure that is 25% lower than the average financial expenditure of CA hospitals.
  - 53% of all financial assistance came from four County operated facilities
- Nationally, only 30% of patients eligible for financial assistance receive it
  - Challenges include awareness, accessibility, complexity
  - Challenges persist notwithstanding some hospitals' best efforts
- Currently, financial assistance data is reported to the State to the California Department of Health Care Access and Information (HCAI) and Federal Government to the Centers for Medicare & Medicaid Services (CMS), but only the sum of total dollars of financial assistance provided.
  - No operational metrics are reported (number of applications, denial rates, reasons for denials, etc.)
  - No metrics reported on debt collection rates. Critically, we do not know who missed qualifying for financial assistance

## Board Direction

On October 3, 2023, the LA County Board of Supervisors passed a motion “Reducing Medical Debt in LA County through Improved Data Collection and Innovative Strategies to Retire Medical Debt.”

The motion directed the Department of Public Health to work with CEO, DCBA, and County Counsel to develop an ordinance to require collection of data and policies on debt and financial assistance activities from hospitals operating in the County.



- Requires hospitals to submit aggregate data on debt collection and financial assistance operations
  - Financial Assistance applications, denials, reasons, approval amounts
  - Debt Collection actions, extraordinary actions, amounts
  - Quarterly
- Requires hospitals to report on patient accounts advanced to collections
  - Account identifiers
  - Amounts, financial assistance, insurance
  - Within 10 business days of collection initiation



- Ordinance covers all acute care hospitals in the unincorporated areas of LA County.
  - Incorporated cities within LA County must adopt the ordinance to cover their jurisdiction.
- Safety Net Hospitals will face less frequent reporting requirements
- First reporting is due 180 days after ordinance goes into effect.
- Similar requirements in other jurisdictions including San Francisco, Illinois, Oregon, Washington, Virginia, North Carolina, New Mexico, Massachusetts, New York, Pennsylvania
- Establishes DPH authority to enforce ordinance violations

- Over the past nine months:
  - Extensive discussion, review, and feedback from members of the LA Coalition on Medical Debt
  - DPH has conducted outreach and engagement to individual hospitals and the Hospital Association of Southern California (HASC)
  - Incorporated lessons learned from DPH hospital reporting requirements for COVID-19
  - Engaged other jurisdictions collecting similar data
- DPH will review and evaluate the impact and efficacy of data collection after an initial implementation period.



- Currently, there is no public data on debt collection activities
- Existing financial assistance data reported to State and federal agencies is very limited
- Shifting policy to practice requires operational metrics to find gaps
  - Aggregate data creates a culture of producing and reviewing this data
  - For internal (leadership and staff) and external stakeholders (patients, boards, community organizations, and public agencies)
- Individual debt collection data answers one of the most important and hard to get at gaps
  - Who was a missed opportunity for financial assistance?
  - Critical for directly preventing the harms of medical debt among those eligible for assistance


- **Aggregate Data Reporting Required**
  - Financial assistance operations and debt collection
  - Provides metrics on gaps for process improvement to ensure that the hospital's policy has maximum impact and for peer benchmarking
  - Public summary
- **Individual Data Reporting Required**
  - Identifiers and debt collection
  - Allows Public Health to "income match" data profile to understand if an opportunity for financial assistance was missed
  - Private feedback to hospitals
- **Privacy Protections**
  - Data will not include any health information regarding diagnosis, treatment, etc
  - HIPAA compliant

- **Aggregate Data Reporting Frequency**
  - Safety Net Hospitals
    - Annually
  - All Other Hospitals
    - Quarterly
- **Individual Data Reporting Frequency**
  - Safety Net Hospitals
    - Within 20 working days of a patient being sent to collections
  - All Other Hospitals
    - Within 10 working days of a patient being sent to collections

## Reporting Portal

- HIPAA compliant
- Secure system used and tested with COVID reporting from hospitals
- Hospitals use information from their account systems
- Flexible file format to minimize burden
- DPH technical support available

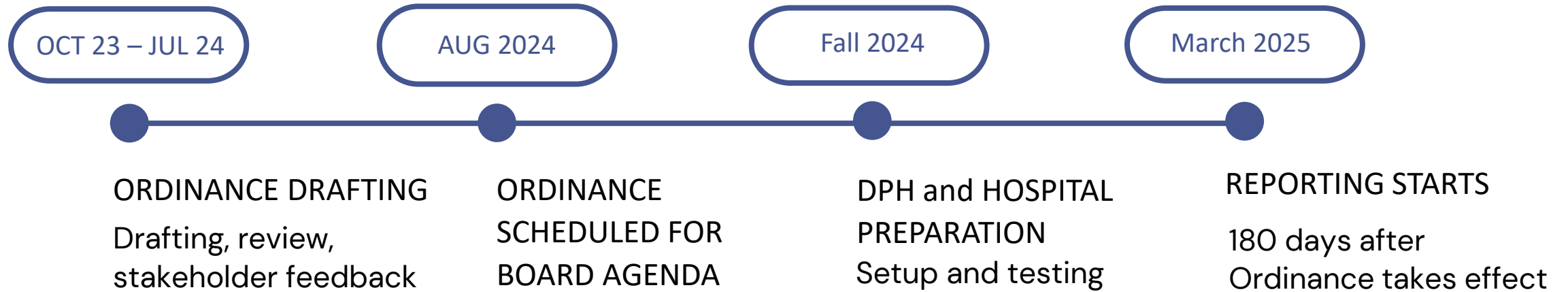
Log in



Username:  [Forgot Username](#)

Password:  [Forgot Password](#)

# Implementation Timeline



## Enforcement

- Violation may be issued if failure to submit data
- DPH would contact out-of-compliance hospitals to provide technical assistance and answer questions.
- If a hospital has still not responded after 30 days, may be subject to administrative fines.

## Penalty

- Administrative fine up to \$5,000 per violation
- If not remedied within 30 days, each violation is doubled
  - Up to \$10,000 per violation
- After 30 days, additional \$5,000 per violation every 7 days, until the violation is remedied



## Healthcare Consumer Protection Unit

Division of Medical and Dental Affairs  
Los Angeles County Department of Public Health

[medicalaffairs@ph.lacounty.gov](mailto:medicalaffairs@ph.lacounty.gov)

<http://publichealth.lacounty.gov/hccp/MedicalDebt/>